

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
Health Incentive Program
Progress Report

LOCAL JURISDICTION _____ FFY 2005

Please indicate which quarter is being reported:

_____ 1st Qtr. (10/1 - 12/31/04)*

_____ 2nd Qtr. (1/1 - 3/31/05)*

_____ 3rd Qtr. (4/1 - 6/30/05)*

_____ 4th Qtr. (7/1 - 9/30/05)*

_____ * FINAL REPORT: The Program Plan objectives have been met for the year.

Complete the following for each focus area receiving Health Incentive Program federal funding
(Please use a separate page for each Focus Area).

Specify the Focus Area: _____

Progress toward meeting the objective of selected Focus Area:

**I certify, to the best of my knowledge and belief, that this report is correct and complete and
that all services and expenditures are for the purposes set forth in the Certification document.**

Signature: _____

Date: _____

Title: _____

Telephone No.: _____

E-mail Address: _____